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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

*None AB*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

GERMANY 103 15 607.0 05/13/2003 *AB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	GERMANY	3	15	3
Allowance <i>Andrew Blum</i> Examiner's Signature	Initials <i>AB</i>			

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TITLE  
 Ventilation system for safety clothing

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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